

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AD FILED		ADDED TOT ADZHD-ZHT		ADDED TOT ADZHD-ZHT	
	DID	DEP	DID	DEP	DID	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
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40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL DID.	6	1				
TOTAL DEP.	10	1	1	1	1	1
TOTAL CLAIMS	16	1	1	1	1	1

	CLAIMS		CLAIMS		CLAIMS	
	DID	DEP	DID	DEP	DID	DEP
51						
52						
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TOTAL DID.						
TOTAL DEP.						
TOTAL CLAIMS						